2022-2023 FAITH FORMATION REGISTRATION FORM

THE TRI-PARISH COMMUNITY OF

Sacred Heart Church, 56 Sacred Heart Drive, Groton Our Lady of Lourdes, 1650 Route 12, Gales Ferry St. Mary, Mother of the Redeemer, 69 Groton Long Point Road, Groton

We are registered at: Sacred Heart	t Our Lady of Lourdes St. Mary, Mother of the Redeemer					
My child is attending Faith Formation wi	th: Our Lady of Lourdes	Sacred He	art/St. Mary, Mo	other of th	e Rede	emer
<u>Please Print</u>						
STUDENT'S FULL NAME	Date of Birth					
Gender: Male Female	Returning Student: Yes	☐ No Pla	ice of Birth			
School Attending:	Grade in Fall Public School					
Grade in Faith Formation:	Sacramental Year: [1 st 2 nd	Commun	ion 🗌	Confir	mation
Have you Liked us on Facebook?	es 🗌 No		Active M	ilitary?	Yes	☐ No
Father's Name (First)	(Middle)		(Last)			
Contact #: Primary	Secondary	0	ther			
Email:	Available for text messaging Yes No					
Address:	City			_ Zip		
Mother's Name (First/Middle)	(Last) _		(Maider	ı)		
Contact #: Primary	Secondary		Other			
Email:	Ava	ailable for text	messaging	Yes 🗌	No	
Address:	City			_ Zip		
Siblings Names & Ages: 1		2				
3		4				
Does the student reside with both parer	nts? 🗌 Yes 🔲 No If no,	name of custo	odial parent: _			
Persons Permitted to Pick Up Child from	n Class in Addition to Paren	its:				
Name 1		Relationship t	o Child			
Name 2	Relationship to Child					
Emergency Contact:	Relationship to Child					
Address:	Primary #		Secondary	#		
Sacraments Received: List Name & Loca	ation of Church		Date:	Month	Day	Year
Baptism:						
Reconciliation:						
Eucharist:						
Do you use offertory envelopes?	s No Would you	like to receive	e envelopes? [Yes [No	
I am interested in volunteering as a:	Catechist Grade	_ [Aide Grade			
Checks may be made payable to your C If there are financial difficulties or proble 860-445-1446 or email him at pastor@o FEES – By 31 July: Parishioners \$40.00 p	ems with the fees, please ca llolgf.org for a waiver.	ıll Fr. Brian Coi	nverse at 860-4	164-7251		– No Fe

29 Mar 2022

PLEASE COMPLETE THE BACK SIDE OF THIS FORM

Office Use: Date Paid	Amount \$	Check #	
	Student's Full !	Name:	
	ALLERGY/MEDICAL	L INFORMATION	
•	al issues, allergies, or other c	s necessary for the Catechist to kno onditions which may require special	•
Learning Disabilities:			
Medical:			
Allergies:			
Other:			
Personal Physician:		Phone #	
Personal Health/Accident Ir	nsurer:	Policy #	
permission to engage I a pres	scribed activities, except as r	as I know, and the person herein des noted by me. In the event of illness ited without delay as the judgement	or accident in the
Signature:			
	(Parent or Legal Guar	'dian)	
Date:			
	PHOTO RELE, n for my child's picture to be e, church building and social	taken for use in local newspapers, o	church
	nission for my child's picture e, church building and social	to be taken for use in local newspap media.	ers, church
Parent/Legal Guardian Nan	ne (Print)		
Parent/Legal Guardian Nan	ne (Signature)		
Date:			

SAFE ENVIRONMENTS – NO GO TELL

The Safe Environments Office has released videos adapted from lesson plans from our NO GO TELL Curriculum. Each grade level will see a video which is age-appropriate, developmentally appropriate and consistent with the moral teachings of the Catholic Church. These videos will be presented to each grade K-9 during one of their faith formation classes.